STATE OF SOUTH DAKOTA
DEPARTMENT OF EDUCATION
MINOR PHOTOGRAPH RELEASE

This Release executed on the ___ day of _____, 20__, by _____ (the "Undersigned") on the Undersigned's own behalf and on behalf of _____, the minor child of the Undersigned, in favor of the State of South Dakota, Department of Education, 700 Governors Drive, Pierre, SD 57501-2291

The Undersigned hereby authorizes and consents as parent to allow my child to be the subject of photograph(s) taken by the Department of Education, and irrevocably authorizes and consents to the use and reproduction of the photograph(s) by the Department of Education, together with any subject matter owned by the undersigned, and authorizes the Department of Education to cause the same to be exhibited, with or without advertising sponsorship, as still photographs, transparencies, motion pictures, television, video, internet, or similar media, including use or reproduction for use by third parties, for the purpose of enabling the Department of Education to carry out its public purposes, and consistent with the Department of Education policies, without any requirement of any additional present or future consideration.

The undersigned acknowledges that they are one of the parents of the minor whose photograph is being taken and used by the Department of Education, and that the intent of the Undersigned is to permit the Department of Education to take and use such photograph(s) for the purposes herein described.

The undersigned hereby waives, releases and discharges the Department of Education, its officers, agents and employees, as well as any assignees, from any and all claims of liability or for damages for libel, slander, invasion of privacy or any other claim based on the photography session, and the reproduction and use of the above described material(s). **This release and waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.**

I, the Undersigned, acknowledge that I have read and understand the above Release.

In Witness Whereof, the Undersigned has executed this Release at _____ South Dakota on the day and year first above written.

_____
Name of Child and Date of Birth

_____
Address

_____
City, State, Zip Code

_____
Signature of Parent or Guardian